The Oklahoma Public Health Network & Billing for Services

2012 November AIM/CDC Program Manager Meeting
Atlanta, Georgia
Oklahoma State Department of Health

- 68 Counties with Health Departments under the direction of the Commissioner of Health
  - 88 locations
  - Annual Caseload of 800,000 clients
  - 1 million visits per year
  - 5 million services provided per year
Oklahoma State Department of Health

- PHOCIS (OSDH Client Information System) has over 2 million records

- OSIIS (OSDH Immunization Registry) has over 2 million records

- Tulsa and Oklahoma City-County Health Departments are autonomous
Tulsa City-County Health Department

- 7 locations

- Annual Caseload of 75,239 clients

- 112,849 visits per year

- 509,675 services provided per year
Oklahoma City-County Health Department

– 3 locations

– Annual Caseload of 54,180 clients

– 76,471 visits per year

– 378,703 services provided per year
Background

• Pilot activity in 2010 by 8 county health department sites revealed approximately 25-28% of clients declared private insurance coverage.

• By pilot site – insurance coverage ranged from 18% - 36%

• Total of 24 eligibility analysts now in place to assist with eligibility.
Public Health Network

• Serves as a safety-net for individuals
  – Rural areas without adequate provider availability
  – Uninsured or underinsured
  – Inability to see private providers

• Not in competition with private practice providers
Public Health Network

• Services include:
  – Immunizations
  – Family Planning
  – Tuberculosis Treatment and Follow Up
  – Sexually Transmitted Disease Treatment and Follow Up
  – Child Health Services
  – Guidance Services for Children (Behavioral, Speech, and Child Development)
Public Health Network

• Services include:
  – Early Intervention (SoonerStart) – Ages 0-3 for children at risk for developmental delay or disability.
  – Tobacco Cessation
  – Dental Services & Education
  – Social Work
  – Lactation Consultants
  – Women, Infants & Children (WIC) Program
Public Health Network

• Services include:
  – Children’s First (Home Visitation program to 1st time Mothers)
  – Maternity Services to assure early entry into prenatal care
  – Newborn Metabolic Screening (Laboratory & Follow Up)
  – Newborn Hearing Screening
  – Public Health Laboratory
Current Billing Experience

• Medicaid
  – OSDH has been billing services provided to the Medicaid (SoonerCare/SoonerPlan) population for many years.
  – Billing Methods
    • Utilization of 270/271 Process to determine eligibility
    • Utilization of 837 to submit batch claim submission
    • Receipt of 835 transaction for remittance advice
    • Manual entry for some services through web-interface provided by Medicaid
Current Billing Experience

• Medicare
  – Roster Billing for Flu

  – Billing Methods
    • Utilization of 837 to submit batch claim submissions
Medicaid Administrative Claiming (MAC)

Prior to 2005
SFY05
SFY06
SFY07
SFY08
SFY09
SFY10
SFY11
SFY12 (Jul-May)

Regional Trngs 6/07
Regional Trngs 8/2010

Eligibility Analysts

-$2.6m
$2.1
$1.87
$3.08
$2.14

<$22,000

<-$22,000

$1.87

$3.08

$2.14

$2.6m

SFY12 (Jul-May)
Plan for Billing Private Insurance

• Clearinghouse
  – Utilize initially for private insurance claims
  – Centralize all billing
• The RFP process has been delayed beyond anyone’s expectations.
• Received 4 bids
• Negotiations underway with successful bidder
Keys to Success

• Comprehensive Front Desk client check in is critical to success
  – Completion of Client Information Worksheet (CIW) for new clients
  – New updated CIW for clients a minimum of 1 time each year.
  – Requesting insurance cards from each client
  – Scanning cards and IDs into PHOCIS
  – Updating PHOCIS Insurance Module with information from insurance cards
    • Critical that information is correct
Association of Health Plans in Oklahoma

• Met with the Board of Directors of the Oklahoma on July 27, 2011

• Plans receptive to collaboration

• Commitment to identify points of contacts from each plan to work with Public Health
Plans in Association

– Aetna
– Blue Cross Blue Shield
– Community Care Managed Health Plan
– Coventry Health & Life Insurance
– Global Health
– Pacificare
– United Health Care
Legislative Changes

- HB 1397 – goes into effect November 1, 2011

- Public Health & Private Insurance Billing Components

  - Section 1. This amendatory section authorizes the Oklahoma State Department of Health to seek reimbursement for immunizations and other preventive health services rendered to persons who have private health insurance. This section provides assurance that all health insurance plans regulated by the state recognize and reimburse county health departments for services rendered to covered members. Reimbursement shall be provided according to established plan rates.

  - Section 3. This section authorizes the Oklahoma City County Health Department and the Tulsa City County Health Department to seek reimbursement for immunizations and other preventive health services rendered to persons who have private health insurance. This section provides assurance that all health insurance plans regulated by the state recognize and reimburse city-county health departments for services rendered to covered members. Reimbursement shall be provided according to established plan rates.
Potential Benefits for Health Plans

• Public health data could positively impact your HEDIS measures. (childhood immunization status, immunizations for adolescents, lead screening in children, breast cancer screening, cervical cancer screening, chlamydia screening in women, etc.)

• Costs of services/supplies (vaccines, contraceptives, etc.) may be lower.
Need for Recognition of Public Health Model

- Oklahoma legislation clearly a good start to facilitate billing relationships in Oklahoma

- Recognition of Public Health model in the delivery of services needs to be established at both the state and national level
Challenges

• Credentialing processes differ by plan
  – Some more stringent that others
  – Nurse Practitioners are not allowed to bill under some plans
  – Requirement to have physician in clinic 20 or more hours per week
  – Standing Guidelines & Orders are new to many plans
  – Referrals may be required by PCPs
Challenges

• Medicaid audit revealed that RNs can only bill the minimum level office visit if the client is an established client.
• Inquiry to Nursing Association resulted in Licensure Boards reviewing Guidelines & Orders.
• During review, a call center was established with nurse practitioners to write orders.
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